## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat	ions.	nerwise in proce 1, by ta	a; specifying a new corre	spondence address; a	ind/or (b) indicating a sep-	irate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
466	7590 01/09	9/2009	hav	e its own certificate (	of mailing or transmission.	0.	
YOUNG & TH 209 Madison Str Suite 500	eet		I h Sta ado tra:	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ALEXANDRIA,	VA 22314					(Depositor's name)	
				·		(Signature)	
			<b></b>			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	[ ]	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/587,349	07/26/2006		Jean Louis Dumas		0514-1235	6621	
TITLE OF INVENTION: DOUBLE DRIVING ROLL WINDING DEVICE FOR CONTINUOUS ROLLING MACHINE WITH CONTROLLED APPLICATION LOAD OF THE DRIVING ROLLS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/09/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
RIVERA, WILLIAM ARAUZ		3654	242-541400	_			
<ol> <li>Change of corresponde CFR 1.363).</li> </ol>	nce address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ts	ne)			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG	NEE		(B) RESIDENCE: (CIT	RESIDENCE: (CITY and STATE OR COUNTRY)			
MONOMATIC			STRASBOURG, FRANCE				
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) (if necessary)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestroyed)	uired) will not be accepte tes Patent and Trademark	d from anyone other than c Office,	the applicant; a regist	ered attorney or agent; or th	ne assignee or other party in	
Authorized Signature	Benoît	Castel		DateMA	ARCH 3, 2009		
Typed or printed name	BENOIT C	ASTEL		Registration No	35,041		
This collection of informa in application. Confidenti submitting the completed his form and/or suggestic 3ox 1450, Alexandria, Vi Alexandria, Virginia 2231	anty is governed by 3.5 application form to the ons for reducing this built reinia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the ONOT SEND FEES OR (	on is required to obtain or 1.14. This collection is est depending upon the indi e Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 mi vidual case. Any com er, U.S. Patent and T O THIS ADDRESS.	e public which is to file (and inutes to complete, including aments on the amount of the rademark Office, U.S. Dep SEND TO: Commissioner	by the USPTO to process) is gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.